

Supplemental Application Data Sheet

Application Information

Application number::	10/575,127
Filing Date::	April 7, 2006
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	Paper
Computer Readable Form (CRF)?::	Yes
Number of copies of CRF::	1
Title::	METHODS AND COMPOSITIONS FOR TREATING CONDITIONS INVOLVING ABNORMAL ANGIOGENESIS
Attorney Docket Number::	01948/101002
Request of Early Publication?::	No
Request of Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	13
Small Entity?::	Yes
Petition Included?::	No
Petition Type::	

Licensed US Govt. Agency::	The National Institutes of Health
Contract or Grant Numbers::	HL063609
Secrecy Order in Parent Appl.?:	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	USA
Status::	Full Capacity
Given Name::	Jue-Lon <u>Jian</u>
Middle Name::	
Family Name::	Shie <u>Li</u>
Name Suffix::	
City of Residence::	Aetn <u>West Roxbury</u>
State or Province of Residence::	MA
Country of Residence::	USA
Street of mailing address::	11 Elm Street #3 <u>21 Thrush St.</u>
City of mailing address::	Aetn <u>West Roxbury</u>
State or Province of mailing address::	MA
Country of mailing address::	USA
Postal or Zip Code of mailing address::	01720 <u>02132</u>

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	USA <u>Taiwan, Republic of China</u>
Status::	Full Capacity

Given Name:: Jian Jue-Lon
Middle Name::
Family Name:: Li Shie
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State or Province of mailing address:: MA
Country of mailing address:: USA
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Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Roger
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Family Name:: Laham
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State or Province of Residence:: MA
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Street of mailing address:: 39 Kent Street #4

City of mailing address:: Brookline
State or Province of mailing address:: MA
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 02445

Correspondence Information

Correspondence Customer Number:: 21559

Representative Information

Representative Customer Number:: 21559

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National stage of	PCT/US2004/033735	October 12, 2004
PCT/US2004/033735 An application claiming		60/510,437	October 10, 2003
the benefit under 35			
USC 119(e)			

Assignee Information

Assignee name:: Beth Israel Deaconess Medical Center
Street of mailing address:: 340 Brookline Avenue
City of mailing address:: Boston
State of Province of mailing address:: MA
Country of mailing address:: USA
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